

Foster Family Home - Corrective Action Report

Provider ID: 1-624610

Home Name: Marlene Diego, CNA

Review ID: 1-624610-11

94-1237 Halelehua Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 6/28/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 2 for [REDACTED]

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d)(1) By order of a physician;

Comment:

47.(d)(1) unable to locate [REDACTED] for client # 1

Foster Family Home	Client Rights	[11-800-53]
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53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state hours Per "My choice my way" visiting hours cannot be restricted. In addition, the home policy lists restrictions on time the client needs to return home from outings, and phone use which are not allowed to be restricted per my choice my way

53.(b)(15) Client # 1 does not have a lock on the inside for patient privacy

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.


Comment:

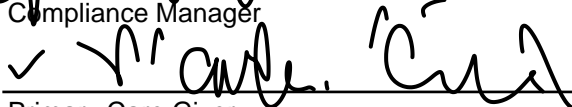
54.(c)5. Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA for client # 1 notified that a medication error has occurred. [REDACTED] not given)

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

54.(c)(8) Client # 1 and 2 No client belonging record documentation

54.(c)(2) Discrepancy for client 1 and 2 between the written service plan the the CCFFH actual care


Compliance Manager

✓ 
Primary Care Giver

6/28/21
Date

6/28/21
Date